



Flexibility in the role of the family nurse practitioner : concept development
by Carlin Lee Brown

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

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Abstract:

The importance of role flexibility has escalated throughout nursing history as a result of nursing shortages, primary health care provider shortages, hospital restructuring, and managed care. The characteristic of flexibility is essential for nurse practitioners to stay current with the dynamic and complex health care environment.

A review of the literature revealed the concept of flexibility as multidimensional and complex. Various nursing literature describes the concept of flexibility in relation to personal attributes, role characteristics, clinical skill, nursing interventions, physical movement and advanced education. There is little literature on how nurses perceive and conceptualize the definition of the concept of flexibility. There is even less literature on flexibility in the nurse practitioner role.

The purpose of this study was to define and clarify the concept of flexibility and essential attributes as perceived by nurse practitioners and relevant to the roles they employ. Six (6) rural nurse practitioners in Montana served as the target group in this qualitative study. The eclectic approach of qualitative analysis was used to extract and integrate themes from interviews. Role theory was used as the conceptual framework for this study.

Results indicated the multifactorial, complex, and dynamic nature of the concept of flexibility. There were seven primary characteristics, fourteen secondary characteristics, and twelve single response themes identified as descriptors of the concept of flexibility. Interrelationships between primary characteristics, secondary characteristics and single response themes emerged based on the defining attributes, development, requirements and limitations of the concept of flexibility.

The findings of this study clearly indicated the concept of flexibility as essential for rural nurse practitioners to maintain currency with the dynamic and complex health care environment. The identified primary and secondary characteristics of flexibility reflect similarities in the nursing literature associated with flexibility. In addition, these characteristics represent expansion of the concept not previously discussed in the literature. Findings from this research study identified flexibility as an important concept to role theory. Furthermore, these study findings identified an association between role behavior and flexibility.

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by

Carlin Lee Brown

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Master of Nursing

MONTANA STATE UNIVERSITY
Bozeman, Montana

May 2001

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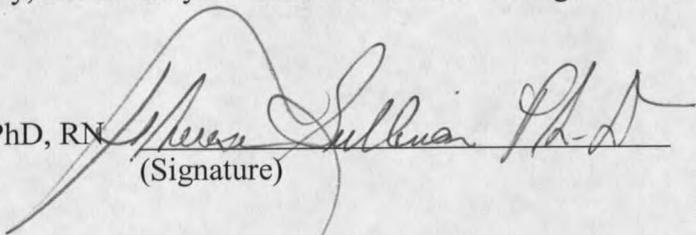
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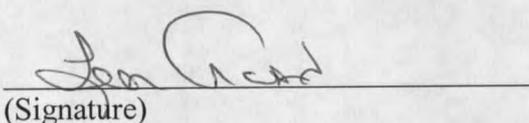
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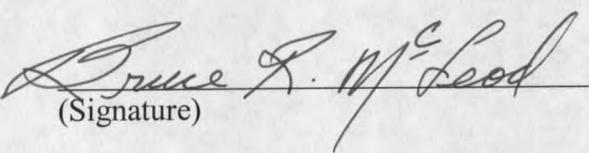
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ACKNOWLEDGMENTS

Many incredible people contributed to this thesis. I wish to acknowledge and express my gratitude to my thesis members, Therese Sullivan, PhD, RN, Ellen Wirtz, MN, RN and Pat Lynes-Hayes, PhD, RN. I am especially grateful to this group of professionals for their patience, guidance, support, encouragement, and “flexibility” throughout this dynamic period of professional and personal growth.

I wish to express a heartfelt thank you to my husband, Boe, for his love, continuous support and encouragement throughout my pursuit of the Master’s in Nursing Degree. I wish to also express my gratefulness to all of my family members, especially my mom and dad, for their constant love and support. Thanks to my classmates and friends for all of your support and guidance. A special thank you is extended to my friend, Linda Frisbee for her support and always being there to assist with the final stages of editing.

Finally, I gratefully acknowledge the six rural Montana family nurse practitioners who illustrated their perception, attitudes and feelings about the concept of flexibility for this research. Without their professional anecdotes, this thesis work would not exist.

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ABSTRACT

The importance of role flexibility has escalated throughout nursing history as a result of nursing shortages, primary health care provider shortages, hospital restructuring, and managed care. The characteristic of flexibility is essential for nurse practitioners to stay current with the dynamic and complex health care environment.

A review of the literature revealed the concept of flexibility as multidimensional and complex. Various nursing literature describes the concept of flexibility in relation to personal attributes, role characteristics, clinical skill, nursing interventions, physical movement and advanced education. There is little literature on how nurses perceive and conceptualize the definition of the concept of flexibility. There is even less literature on flexibility in the nurse practitioner role.

The purpose of this study was to define and clarify the concept of flexibility and essential attributes as perceived by nurse practitioners and relevant to the roles they employ. Six (6) rural nurse practitioners in Montana served as the target group in this qualitative study. The eclectic approach of qualitative analysis was used to extract and integrate themes from interviews. Role theory was used as the conceptual framework for this study.

Results indicated the multifactorial, complex, and dynamic nature of the concept of flexibility. There were seven primary characteristics, fourteen secondary characteristics, and twelve single response themes identified as descriptors of the concept of flexibility. Interrelationships between primary characteristics, secondary characteristics and single response themes emerged based on the defining attributes, development, requirements and limitations of the concept of flexibility.

The findings of this study clearly indicated the concept of flexibility as essential for rural nurse practitioners to maintain currency with the dynamic and complex health care environment. The identified primary and secondary characteristics of flexibility reflect similarities in the nursing literature associated with flexibility. In addition, these characteristics represent expansion of the concept not previously discussed in the literature. Findings from this research study identified flexibility as an important concept to role theory. Furthermore, these study findings identified an association between role behavior and flexibility.

CHAPTER 1

INTRODUCTION

The importance of role flexibility has escalated throughout nursing history as a result of nursing shortages, hospital restructuring, primary health care provider shortages and managed care. Due to these turbulent times, nurses have had to assume additional nursing and non-nursing roles to meet the fundamental needs of their health care clients. Today, the characteristic of flexibility is deemed essential for nurses to maintain currency with the dynamic and complex health care environment (August-Brady, 2000).

As health care delivery evolves, nurses report the ability to enhance flexibility by advancing their roles through attaining holistic education and becoming increasingly multitasked in many different areas of health care (Dèrstine, 1995; Mezey, 1993). One of the advanced nursing roles developed to keep pace with the changing health care environment is that of the nurse practitioner. This role is now a vital component of the health care delivery system.

As flexibility is perceived to be important to the nurse and the ever-changing health care environment, it is imperative to gain a clear conceptualization of the concept. The only concept analysis of flexibility available was obtained from a review of literature in the disciplines of nursing, psychology and engineering. Through this analysis, flexibility was defined as “the integrative, evolving, resilient response to recognized change and uncertainty, based on openness and willingness to change, that results in a greater diversity of choice, effectiveness, and efficiency in outcomes” (August-Brady, 2000, p.10).

It has been established that flexibility is an important concept for the nursing profession. There is nursing literature addressing the need for flexibility as well as strategies to enhance it. There is, however, little literature on how nurses perceive and conceptualize the definition of the concept of flexibility. There is even less literature on flexibility in relation to the nurse practitioner role.

Purpose

The purpose of this study is to define and clarify the concept of flexibility and essential attributes relevant to nurse practitioners and the roles they employ. The information obtained from this study provides the nursing profession with a comprehensive meaning of the concept of role flexibility as perceived by nurse practitioners. With this conceptualization, the nursing profession will be able to further develop and enhance appropriate methods to promote role flexibility to keep pace with the dynamic health care environment.

Background and Significance

The nurse practitioner role has been in place for over a quarter of a century progressing from a “deviant of yesteryear, to the norm of today, and the tradition of tomorrow” (Ford, 1993, p.xi). Loretta Ford, a public health nurse and Henry Silver, a physician, are credited with being the founders of the nurse practitioner role in the late 1960’s. Ford believed that the refinement of the assessment and clinical decision-making skill of the nurse was a natural extension of the public health nursing role in caring for well children in community health settings (Pastorino, 1988). Since the beginning of the

nurse practitioner role, it has blossomed into a unique and variable nursing career option requiring communication, skill, autonomy, knowledge, and flexibility (Mezey & McGivern, 1993).

Nursing education is the primary foundation for a nurse practitioner's beginning level of knowledge and skill in all health care settings. Recent studies indicate that advanced education should provide nurses with opportunities to develop flexibility. Nurses with advanced education should be prepared to function as case managers, primary nurses, consultants, role models, educators and researchers (Mezey, 1993). In order to meet those requirements, the masters prepared nurse must have skills that are broad, flexible and encompass a wide base of knowledge (Clark, 1997; Mezey, 1993).

Nurse practitioners function in a variety of roles. Flexibility is noted as the key to executing many advanced nursing roles (Horrel, 1996). Fundamental to the nurse practitioner role is being an acute and chronic health care clinician, educator to clients and other health care professionals, counselor, advocate, researcher, community liaison, health care liaison, and human resource and financial manager (Berger et al, 1996). Within these roles, nurse practitioners perform a variety of clinical skills. The nurse practitioner must be competent in all of these roles and skills to practice proficiently and safely. This competency allows the nurse practitioner to maintain flexibility to meet rapidly changing health care needs of communities where he/she practices (Atkin & Lunt, 1996).

The concept of flexibility is prevalent in literature regarding the boundaries that encompass the roles nurse practitioners employ. Torn and McNichol affirm that role performance of nurse practitioners would lose its fluidity and flexibility if boundaries

were strict and rigid (1998). Flexibility in role boundaries also allows the practitioner the ability to meet client's health care needs when adaptation is required. Mezey maintains that rigid and inflexible role boundaries may inhibit meeting client's needs (1993).

Literature in the disciplines of nursing, psychology, and engineering identified the concept of flexibility as essential for innovation and fortitude in their field of study. August-Brady (2000) has explored and defined the concept of flexibility from an in-depth review of the literature in those disciplines. This conceptualization identified four critical attributes of flexibility. The identified attributes describe flexibility as being resilient, responsive, evolving, and integrative (August-Brady, 2000). In addition, August-Brady identified antecedents to flexibility including the need for change, openness, human predisposition to change, vision, and uncertainty (2000, p.10). According to this concept analysis, flexibility is a positive characteristic. The positive consequences of flexibility include diversity of choice, effectiveness, and efficiency, as well as the derived personal benefits of enhanced self-esteem, understanding, and thinking (August-Brady, 2000, p.10). August-Brady concludes this conceptualization with emphasizing that the nursing profession has not fully explored the meaning of flexibility in relation to actual or potential human responses (2000). In addition, there is a need for further research to operationalize the concept so that scientific investigations aimed at establishing the relationship of flexibility to health may begin (August-Brady, 2000).

In summary, there is a mixture of literature referring to flexibility as being a crucial characteristic of a nurse practitioner. Only one concept analysis has provided a definition of flexibility. Other literature does not explicitly define the concept of flexibility and its essential attributes. Although the literature suggests what characteristics

nurse practitioners must possess to be flexible, their full perception of the concept has not been fully addressed. Therefore, the focus of this research study will be on identifying nurse practitioners' perception of flexibility in relation to their advanced practice role.

Conceptual Framework

Role Theory

Role theory, as presented by Hardy and Conway (1988), provides the foundation for the conceptual framework for this study. Role theory represents a collection of concepts and a variety of hypothetical formulations that predict how a person will perform in a given role and under what circumstances certain types of behaviors can be expected. This theory asserts that roles are transmitted to each succeeding generation through socialization and are influenced by society, as well as the environment. It also maintains that roles are responses to the acts of others, such as gestures and speech within a specific situation.

Role theory contains many concepts including role, role taking, role playing, role making, role redefinition, role learning, role stress, role strain, role ambiguity, role conflict, role incongruity, role overload, role competence, role expectations, role identity, sick role, role transition, and role behavior (role performance, role enactment). Many of these concepts of role theory have been applied to the nurse practitioner role. For this research study, the concept of role and role behavior are further described.

The concept of role is multidimensional. According to Hardy and Conway (1988), the term role has been used to indicate expectations, prescriptions, descriptions, evaluations, behaviors, and actions (p. 165). Role consists of expected and actual

behaviors, values, and attitudes associated with a position. The concept of role is important as it links together people's perception of themselves and each other, expectations of themselves and each other, as well as their actual behavior (Skevington, 1984). The nurse practitioner role, like all roles, is a set of behaviors emerging out of interaction between self and others that is a constant expression of attitudes and values that provide direction for interaction in the role (Thibodeau & Hawkins, 1989).

Role behavior (performance, enactment) is a major concept of role theory. Role behavior is differentiated behavior or action relevant to a specific position, for example a nurse or patient (Hardy & Conway, 1988, p. 165). Role behavior is viewed as how an individual enacts particular roles based on societal expectations, modified by his or her identification with role models and individual personality characteristics (Friedman, 1998). Role behavior is determined by one's perception of one's self and one's social and professional roles, as well as perceptions of other people's social and professional roles (Skevington, 1984).

Flexibility is not described as a concept in role theory. Flexibility, however, is mentioned in role theory as the ability to meet rapidly changing roles, as well as enhancing the movement between roles permitting the maintenance of open evolving systems (Hardy & Conway, 1988). Flexibility has been referenced in the nursing literature as being important to behavior of nurses. Therefore, the concept of role behavior based on role theory provides the framework for this study on role flexibility.

Prestudy Assumptions

Prior to conducting this study, several assumptions were made by this researcher, which included:

- (1) Essential characteristics of role flexibility as perceived by a rural nurse practitioner include adaptability and the ability of the nurse practitioner to modify his/her plans according to needs of the client or health care facility.
- (2) The more skills and confidence a nurse practitioner possesses, the more flexible he/she will be in the nurse practitioner role.
- (3) The setting that a nurse practitioner works in will have an affect on flexibility.
- (4) Role flexibility is directly linked to role performance (behavior).

CHAPTER 2

LITERATURE REVIEW

Introduction

The concept of flexibility, as used in nursing, is multidimensional and complex. A variety of nursing literature including nursing texts, professional papers, research articles, and anecdotal statements confirm the multifaceted nature of flexibility. General nursing literature describes flexibility in relation to personal attributes, role characteristics, clinical skills, nursing interventions, physical movement and advanced education. Nursing literature specific to nurse practitioners incidentally mentions flexibility as an important role characteristic of a nurse practitioner.

As flexibility is frequently described in nursing literature, the concept is rarely defined. To fully explore the connotation of flexibility in nursing, this literature review focuses on key articles containing flexibility in general nursing as well as articles specific to the nurse practitioner's role and practice environment.

Nursing Education

As nursing education lays the groundwork for a nurse's knowledge and skill in all health care areas, nursing curricula must keep up with the fast pace of the evolving health care environment (Clark, 1997). The University of San Diego School of Nursing curriculum committee qualitatively researched the educational requirements of master's prepared nurses through utilization of focus groups (Clark, 1997). The overriding theme

in this research study was flexibility. Clark references the concept of flexibility in relation to the need for nurses to encompass a broad range of knowledge; have multiple and generic skills across a number of areas of practice; possess the capability to move between units within an institution; and function competently in multiple health care and non-health care role positions. This research study provides examples and illustrations of nurses' perceptions regarding the essential requirements for the development of flexibility. Additionally, the definition of the concept of flexibility is implied.

According to Mezey (1993), generalist preparation for advanced practice nurses is an ongoing curriculum debate. With generalist preparation, advanced practice nurses should be prepared to function as case managers, primary nurses, consultants, role models, educators, and researchers. Mezey emphasizes this point by clearly presenting the fact that patients with similar levels of disabilities are increasingly being cared for by advanced practice nurses in varying practice settings. Thus, Mezey concludes that the master's prepared nurse who will manage such patients must have skills that are broad, flexible, and encompass a wide base of knowledge.

Flexibility in the Practice Environment

Health care delivery is dynamic and complex. Nurses are continuously faced with the difficulty of staying current with the ever-changing health care delivery system. As a result, much of the recent nursing literature focuses on how nurses can remain viable, efficient, productive, and cost effective in the dynamic health care delivery system. These studies focus on nurses expanding their knowledge and becoming increasingly

multiskilled to practice across a broad range of health care specialties as viable solutions to the health care frenzy.

Career Flexibility

Changes in health care are inevitable. Derstine identified flexibility as the key to staying abreast with the changing health care environment (1995). The etiology of change in the health care environment is broad and encompasses such factors as nursing shortages, decreased nursing budgets, managed care, and altered ways of delivering health care, such as shorter hospital stays and home health care (Derstine, 1995). In order to thrive in a new health care environment, nurses must be flexible and receptive to change. Derstine proposes strategies that nurses must employ in order to be flexible and open to change. Accordingly, nurses must first examine their assets and add to their knowledge and skills to expand variability and flexibility of their roles, which ultimately increases their ability to practice in a variety of settings. In addition, nurses must provide cost effective care, access of care to all, appropriate management of information, prevention, and stay in the area of health policy (Derstine, 1995). This research emphasizes the need for flexibility and specific strategies for enhancing flexibility. This research, however, does not explicitly define the concept of flexibility.

Clinical Skills

The concept of flexibility frequently emerges in literature associated with multi-skilled (cross-trained) nurses (Makely, 1998; & Riley, 1990). The majority of this literature refers to the ability of multiskilled nurses to practice in a variety of health care settings. Multiskilled nurses are characterized as flexible as they have the ability to

function in many nursing and non-nursing roles, such as performing patient care, performing electrocardiograms, and coding patient billing forms (Makely, 1998; & Riley, 1990).

Flexibility is deemed desirable and essential to maneuver between various roles in the health care environment. According to Makely "flexibility is the name of the game in multiskilling" (1998, p. 176). As stated by Bamberg, Blayney, Vaughn and Wilson, a multiskilled person is:

cross-trained to provide more than one function often in more than one discipline. These combined functions can be found in a broad spectrum of health related jobs ranging in complexity from the nonprofessional to the professional level, including both clinical and management functions. The additional functions added to the original health care worker's job may be of a higher, lower, or parallel level (Makely, 1998).

Makely deems increased flexibility in staffing as the number one benefit of multiskilled nurses, including those in advanced practice (1998). This increased staffing flexibility ultimately leads to increased productivity and efficiency. Makely emphasizes that a multiskilled nurse can rotate between varying roles and positions as needed, assisting in one area when the workload reaches a peak, then moving to another area when help is needed there (1998).

An article written by Riley (1990) focuses on cross-training specialized nurses as the answer to fluctuating staffing needs in health care centers. The advent of highly specialized nursing care has led to both positive and negative impacts within nursing settings. According to Riley, the positive impact of specialization occurs with patients receiving high quality, state-of-art care from nurses with specialized skills (1990). In contrast, Riley perceived the negative impact of specialized care as the fact that nursing

units have become so polarized within health centers that they function as small individual nursing departments instead of one health care facility (Riley, 1990). Riley views cross-training as an ideal solution to the negative impacts of specialization by creating flexible nurses who can be reassigned from one unit or clinic to other units or clinics as needed for the healthcare center to operate efficiently (1990). Accordingly, flexibility is created or developed through preparing nurses with the clinical experience, education, and support needed to function in a new role with increased responsibilities (1990).

Both Makely (1998) and Riley (1990) note that multiskilled nurses are flexible. Flexibility is enhanced particularly from being able to perform many skills and functions competently in many areas of health care. Even though flexibility has been described as an asset, the concept of flexibility is not fully defined. In addition, neither article presents multiskilled nurses' perceptions of the concept of flexibility.

Flexibility in the Nurse Practitioner Environment

Whether practicing in an urban or rural setting, nurse practitioners represent all clinical specialties working primarily in clinics, long term care facilities, acute care settings, managed care corporations, occupational health settings, and private industries (Pastorino, 1988). Within these health care settings, nurse practitioners implement a wide variety of roles and utilize a myriad of clinical skills. Nurse practitioner roles include functioning as an acute and chronic health care clinician, educator, counselor, advocate, researcher, community liaison, health care liaison, human resource manager and financial manager (Berger et al, 1996). Clinical skills include performing

comprehensive health histories and physical examinations; diagnosing and treating minor acute and chronic illness; ordering and interpreting diagnostic tests; and providing client counseling, as well as education regarding lifestyle behaviors and self care skills that emphasize health promotion in addition to disease prevention (Berger et al, 1996). The nurse practitioner must be competent in all of these roles and clinical skills to practice proficiently and safely. According to Atkin and Lunt (1996), various roles and clinical competencies allow the nurse practitioner to maintain flexibility to meet rapidly changing health care needs of the communities in which he/she practices.

Nurse Practitioner Role

A qualitative research study performed by Blunt (1998) identified the nurse practitioner as a “flexible care provider” (p. 237). This research focused on the role and productivity of nurse practitioners (NP) in an urban emergency department. According to Blunt, the NP is a flexible care provider as the NP possesses the ability to enact and balance many roles. The identified roles of the emergency department NP included evaluating and managing non-urgent and minor health care issues; collaborating with a physician on high acuity clients; acting as client advocate; acting as the primary community liaison; maintaining resource and referral information; and implementing both medical and nursing care (Blunt, 1998).

Role Satisfaction

A study by Beal, Steven, and Quinn recognized flexibility to be a satisfying aspect of the nurse practitioner role (1997). This research focused on neonatal NPs’ perceptions of what aspects of their role were the most satisfying. Neonatal NPs

consistently reported that autonomy, relationships, outcomes of patient care, and the flexibility, learning, role diversity and challenge of the advanced practice nursing role were the most satisfying aspects of the NP role (p. 74.).

Practice Nurses in the United Kingdom

The concept of flexibility has also emerged in the literature concerning delivery of primary health care service by practice nurses in the United Kingdom. Research by Atkin and Lunt (1996) characterized “practice nursing” as a flexible and generic role that encompasses a broad range of work. According to this research, characteristics of flexibility entailed the ability of the practice nurse to adapt to the changing demands of general practice and local circumstances. Further information obtained from this study was the synergistic effect of autonomy and flexibility. The increased amount of autonomy, in effect, augments flexibility.

Boundaries

The concept of flexibility is prevalent in literature regarding the boundaries that encompass the roles nurse practitioners embrace. Flexible boundaries allow for the development of new roles along with the extension of existing roles. Research implemented by Torn and McNichol affirm that nurse practitioner role performance would lose its fluidity and flexibility if boundaries were strict and rigid (1998). In addition, Torn and McNichol found that nurse practitioners become experts in their field through the stretching of role boundaries and having the professional maturity and confidence to take risks, while at the same time acknowledging their limitations (1998).

Mezey (1993) identified the necessity of flexible role boundaries to provide appropriate care to a variety of health care clients. Flexibility within role boundaries models the adaptation needed to meet the needs of the health care population. In order to adapt to the changes required to deliver quality health care, roles cannot be rigidly set in place (Mezey, 1993). Established roles, if rigidly defined, may artificially divide tasks when what is needed are flexible boundaries to meet client's needs (Mezey, 1993).

Rural Nursing

Flexibility is an essential quality in rural nursing practice. According to Long, Scharff, & Weinert, "health care in rural areas has unique requirements and challenges" (1998, p. 39). Rural nurses must be generalists and possess broad based health care knowledge and diverse skills to function in many health care specialties. Rural nurses frequently describe themselves as multiskilled or as being jacks-of-all-trades. Flexibility emerges as the ability of the rural nurse to integrate various skills and function in all areas of health care. In addition, this research references flexibility as an important characteristic to a rural nurse's interpersonal behavior, as well as his/her work schedule.

Bigbee (1993) affirms the same requirements of broad based knowledge and clinical skills for rural nurses as Long, Scharff, & Weinert. According to Bigbee (1993), rural nursing is characterized by a strong generalist role with multiple expectations. Bigbee, however, views flexibility as a personal skill. Bigbee maintains that critical personal skills for rural nurses include adaptability, flexibility, independence, decision-making, judgment, organization, and self-confidence.

It has been established that nurse practitioners are assuming an ever-increasing role in rural health care delivery (Bigbee, 1993). Both references speak to rural nurses in general. These references, however, do not explicitly address the nurse practitioner's role in rural areas. There is no literature found on flexibility as an essential characteristic specific to rural nurse practitioners.

Flexibility vs. Codependency

Most nurses view flexibility as positive adaptation to changing circumstances to meet the needs of clients, employers and colleagues. However, there are some circumstances in which flexibility ventures too far, is limited, or not achieved resulting in maladaptation. According to Davidhizar and Shearer (1994), in some cases, rather than utilizing the healthy and necessary flexibility required in adapting to changing situations, adjusting behavior to accommodate others actually is codependency. Davidhizar and Shearer describe codependency as an ineffective behavior pattern. Codependent characteristics include adjusting behavior when adaptation is unhealthy and nonproductive, honoring requests in the face of conflicting role obligations, and experiencing personal pain to accomplish tasks and requests (Davidhizar and Shearer, 1994).

In contrast to codependency, Davidhizar and Shearer report that appropriate flexibility must be present in order to adapt to new situations as they arise (1994). These authors use Webster's New World Dictionary to define flexibility. Accordingly, Webster defines flexibility as the ability to bend without breaking, to adjust easily to change or to be capable of modification (Davidhizar & Shearer, 1994). In accordance with this

definition, Davidhizar and Shearer further described the flexible person as not threatened when his or her ideas differed from other's ideas, as well as being able to negotiate to decide on mutually agreeable solutions. They further described the flexible person as sacrificing personal choices if the result will be satisfying for all persons involved. Additionally, Davidhizar and Shearer viewed the flexible individual's conduct as not dependent on subordinates following orders, but rather on maintaining positive relationships with others while focusing on outcome.

It is important to distinguish between codependency and flexibility. Davidhizar and Shearer illustrated the difference between flexibility and codependency in detail through incorporating essential definitions of each concept and providing guidelines for fostering flexibility in oneself and others.

Flexibility Concept of Analysis

August-Brady (2000) published the first and only concept analysis of flexibility. This conceptualization was based on literature in the disciplines of nursing, psychology, and engineering. As defined by August-Brady, flexibility is "the integrative, evolving, resilient response to recognized change and uncertainty, based on openness and willingness to change, that results in a greater diversity of choice, effectiveness, and efficiency in outcomes"(2000, p.10).

Through this conceptualization, August-Brady identified four critical attributes of flexibility. The identified attributes describe flexibility as being resilient, responsive, evolutionary, and integrative. Resilience as an attribute depicts the dynamic movement inherent in flexibility. Resilience is viewed as the ability to stretch as well as the ability to

adapt to change while continuing to function effectively and efficiently. Responsiveness is the second attribute of flexibility. Being responsive indicates being receptive and responding to the need for change including behavioral and contextual circumstances. August-Brady identified being evolutionary as the third critical attribute of flexibility. This attribute proposes the developing nature of flexibility. Additionally, this attribute exemplifies the varying degrees of flexibility where flexibility is not an all-or-none phenomenon, where one is either flexible or one is rigid. August-Brady identified being integrative as the fourth attribute. This attribute describes flexibility as the ability to integrate the whole picture or to see multiple perspectives simultaneously.

In addition to the critical attributes, August-Brady (2000) identified antecedents and consequence of the concept of flexibility. Identified antecedents include the need or threat of change, openness to change, vision, and uncertainty. These antecedents must be present to stimulate flexibility. Positive consequences from flexibility include increased or broader career choices and greater choice of curricular options for students. Increased effectiveness in marketing and production were also viewed as consequences of flexibility. As well, personal attributes of enhanced self-esteem, greater understanding and thinking were identified as derived benefits of being flexible.

August-Brady has provided needed information on the concept of flexibility. However, she further proclaims that nursing has not fully explicated the meaning of flexibility in relation to actual or potential human responses. Therefore, further research is needed to operationalize the concept.

Summary

In summary, flexibility is prevalent in nursing literature. Accordingly, the concept of flexibility is viewed as an important role characteristic of all nurses, especially those in rural practice. The characteristic of flexibility has been identified as an asset as evidenced by descriptors of the flexible nurse as having positive role satisfaction, increased productivity, increased efficiency, variable choices, and vast career as well as educational opportunities.

Although the concept of flexibility is found in the literature, specific information clarifying a definition is scant. There is one concept analysis written exclusively about flexibility. In addition, a dictionary definition of flexibility was found in one article. The literature is lacking a discussion of the concept of flexibility as perceived by nurses as well as advanced practice nurses. Research specific to rural nurse practitioners and the concept of role flexibility needs investigation. Thus, this research study aims to establish the perception of role flexibility among rural nurse practitioners.

CHAPTER 3

METHODOLOGY

Study Design

A qualitative descriptive design was used to (a) explore nurse practitioners' perceptions of flexibility pertaining to the roles they employ and (b) define the concept of role flexibility and the essential attributes as perceived by nurse practitioners. The purpose of a descriptive study is to gain more information about and to document variables, such as characteristics, attitudes, and conditions associated with the phenomenon (Norwood, 2000). The exploration and description of the variables associated with the concept of flexibility leads to an interpretation of the theoretical meaning of the concept that can be used for future research (Burns & Grove, 1997).

Target Population

The target population for this qualitative study was rural nurse practitioners in Montana. To be included in the study, the subjects met the following eligibility criteria: (a) licensed as a nurse practitioner in Montana, (b) currently practicing in a rural community, and (c) volunteered to participate in the study. Six (6) rural nurse practitioners were recruited using network sampling (snowballing technique). With this sampling approach, early sample members were asked to identify and refer other potential subjects who met the criteria, thus creating a snowballing effect (Polit &

Hungler, 1995). Two of the participants in this study were known to the researcher. The four remaining participants were solicited from the two known participants.

Procedure

The two known participants were initially sent an informational letter inviting them to participate in this qualitative study (Appendix A). Approximately one week following the mailing of the informational letter, the potential participants were telephoned to establish their willingness and eligibility to participate in the research study. Additional names of potential participants were solicited from the two known participants as well as from the researcher's colleagues for a total of 6 participants. The researcher then sent the final four participants an informational letter inviting them to participate in this qualitative study. Approximately one week following the mailing of the informational letter, the final four participants were telephoned to establish their willingness and eligibility to participate in the research study. Through telephone contact, verbal consent was obtained from each participant and an informal individual face-to-face interview, approximately 60 minutes in length, was arranged at a mutually agreed upon time and place.

At the beginning of the interview, the researcher made introductions and briefly summarized the informational letter. The participants were then given an informed consent form to read and sign (Appendix B), as well as a demographic questionnaire to complete (Appendix C). The interview then proceeded in a semi-structured fashion, using open-ended questions to stimulate responses from each participant and investigate experiences and perceptions of the concept of flexibility (Appendix D). Throughout the

interview, each participant was able to decline to answer any question, withdraw from the interview at any time without penalty, and was encouraged to ask questions. Interviews were audiotaped for transcription and analysis purposes. After the researcher transcribed the audiotapes, all data were erased from the audiotape. A copy of the transcript was then sent to each participant for verification of accuracy.

Data Analysis

The eclectic approach of qualitative analysis was used to interpret and analyze the interview data. The eclectic approach consists of 3 phases: a deductive phase, an inductive phase, and an integrative phase (Norwood, 2000). The first phase, the deductive phase, involves organizing the qualitative data to more manageable units. The data obtained from the interviews in this study were separated and organized according to each question (Appendix D). Once the data were sorted according to the research questions (subproblems) to which they were linked, the inductive phase began with looking for themes or recurring regularities within each question grouping (Norwood, 2000). The integration phase then followed. The integration phase involved looking for linkages or relationships between themes in each question as well as across all research questions. These identified linked themes were then pieced together into an integrated whole to create a meaningful conceptual pattern (Norwood, 2000).

Issues of Credibility

The researcher maintained reliability and validity of this research study through peer debriefing sessions, investigator triangulation, member checks, and creation of an

audit trail. Each measure of reliability and credibility is discussed according to this research in the following paragraphs.

Investigator triangulation is utilization of multiple individuals to collect, analyze, and/or interpret research data (Polit & Hungler, 1995). In this study on role flexibility, the researcher collected the data on all participants. The researcher analyzed the data with guidance and assistance from the thesis committee chairperson.

Peer debriefing is a session held with one or more objective peers to review and explore various aspects of the research study (Polit & Hungler, 1995). Throughout the study, the researcher shared feelings with members of the research committee as well as with peers. This provided an opportunity during which interpretations, biases, and feelings could be examined, challenged and discussed.

Member checks refer to providing feedback to the study participants regarding the data and the researcher's emerging findings and analysis, thus securing the participants reactions (Polit & Hungler, 1995). Member checks were accomplished through the verification and validation of the interview transcript and open communication with the participants throughout the entire research process.

Creation of an audit trail was also utilized for the purpose of credibility. An audit trail is a systematic collection of materials and documentations that will allow an independent auditor to come to similar conclusions about the data (Polit & Hungler, 1995). Materials resulting from this research were preserved including raw data, coding notes, and lists of categories based on the questions.

Human Subjects Protection

Prior to beginning this study, approval for conduction of this research was obtained from the Montana State University College of Nursing Human Subjects Review Committee. The six (6) rural nurse practitioners who agreed to participate in the study signed a consent form (Appendix B) prior to participating in the study. The consent form clearly states that participation in this research study was strictly voluntary. Participants were free to ask questions, decline to answer any question, or withdraw from the interview at any time without penalty. Participants were encouraged to make clarifications at any time.

Benefits

The benefits to participating in this study included the opportunity for each study participant to have a positive effect on the refinement of nursing knowledge by sharing perceptions of flexibility based on personal and professional experiences. This knowledge gained may have constructive influence on the nursing discipline and members of society. In addition, each participant gained an understanding into one's own thoughts and feelings regarding the concept of flexibility. Participants were also provided with the potential benefit to increase their understanding of the research process, as well as an opportunity to know the findings from this qualitative research study.

Risks

The risks involved to participants in this study included 1) inconvenience related to the time needed for the interview process and 2) the potential of anxiety associated with revealing one's personal and professional perception pertaining to the concept of flexibility. Participants were not required to share feelings that they may have felt uncomfortable communicating. Should any of the participants have felt any anxiety, they were free to conclude the interview at any time.

Protection of Subjects

The identities of nurse practitioners that participated in the study remained confidential at all times. A number on the transcription of the interview identified each participant and the key to these numbers will be available only to the investigator and her committee chair. The interviews were audiotaped and transcribed. The audiotapes were then erased after transcription was completed. The transcribed interviews, consent forms, and demographic information were coded and will be kept in separate locked files at Montana State University College of Nursing for 5 years, accessible only to the nurse researcher and her committee chair. Only the assigned code of the participants will be used for identification in any publication, report, or presentation resulting from this research. Each participant was encouraged to call the researcher, her committee chairperson, or the chairperson of the Human Subject Review Committee at any time with questions or concerns involving this research. In addition, each participant was free to request a copy of the completed study.

CHAPTER 4

FINDINGS

Introduction

This descriptive qualitative study explored the concept of flexibility. Research took place over a three-month period. The researcher traveled to six different rural sites in Montana and interviewed six rural family nurse practitioners. The six participants completed a demographic questionnaire as well as an independent audiotaped face-to-face interview with the researcher. Data obtained from these interviews were analyzed utilizing the eclectic approach of qualitative analysis. This chapter provides an in-depth summary of the findings elicited from the analysis of interviews, in addition to a full description of the sample population demographics.

Sample

A purposive sample of six rural family nurse practitioners participated in this qualitative study. Each participant was employed in a rural community in Montana at the time of this research. The population of the rural communities ranged from 2,662 to 89,344 and 1.3 to 34.4 persons per square mile.

Demographic Data

All six study participants were women family nurse practitioners with Master's degrees in Nursing. The average number of years a participant had practiced as a nurse

practitioner was 4.4 years. The average number of years employed as a rural nurse practitioner was 3.9 years.

Five of the participants were employed full time and one participant was employed part-time. In addition to operating her own clinic during the week, one participant worked in an emergency room in an adjacent town. Two of the participants “took emergency call” for the rural hospitals where they were employed. In addition to working at a clinic in the main hospital, one participant travels 26 miles to a satellite clinic once a week to provide health care to a second small rural community.

The practice setting of each participant varied. Four participants worked in a clinic setting. Two participants worked in a clinic connected to a rural hospital. Four of the participants practiced alone and two participants worked with one other health care provider.

Each of the family nurse practitioners provided a unique perception on the concept of role flexibility. A table depicting the demographic information of each participant is provided in Appendix E.

Inductive and Deductive Analysis of the Eclectic Approach

Interviews of study participants explored the concept of flexibility. Using the deductive and inductive phase of the eclectic approach of qualitative analysis, data obtained from the interviews were reviewed, coded and then categorized into themes according to each interview question. Major themes that emerged from each question are listed in tables one through nine. The last question, which asked for additional comments

on the concept of flexibility, was categorized by theme only. In addition to portraying the themes in tables, a detailed description of each theme follows the appropriate table.

Table 1. Question 1.

What does the term flexibility mean to you?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Fill the position needed at that time		X	X	X	X		4
2. Adaptable to change	X	X					2
3. Extent of bendability without breaking	X					X	2
4. Versatile	X		X				2
5. Creative thinking	X						1
6. Being willing to go with the flow	X						1
7. Being willing to do something you haven't done before	X						1

The first question investigated the participants' perception of the meaning of flexibility. This question elicited various responses from the study participants. Some of the participants reported difficulty defining the concept. It took considerable effort to describe flexibility as they saw themselves as "living the experience" and not actually recognizing it as a concept. The participants' responses provided rich descriptions of the concept of flexibility.

Fill the Position Needed at the Time

The first category of responses, "fill the position needed at the time," signified flexibility as the ability of nurse practitioners to fill many roles dependent upon what role was required at the time. Four out of the six participants in this study shared this perception of flexibility. The roles described were variable and commonly included advanced practitioners, nurses, housekeepers, phlebotomists, and mechanics. The multiple roles assumed were enacted both simultaneously as well as consecutively.

Three of the participants provided clear illustrations to describe the essence of flexibility. These descriptions enable the reader to gain further insight into the participant's perception of the concept. In commenting on the flexibility of nurse practitioners, NP #5 stated:

Nurses are the most flexible people I have ever met. We are capable of and expected to fill many shoes... to be housekeepers... to be mechanics... to do labs when lab is not there... to do pulmonary function tests when respiratory therapy isn't there...to do physical assessment, interpretation of labs, and really diagnosis. We fill many shoes without taking on titles. That is our gift and our nightmare.

NP #3 further exemplified this description with the following statement:

You're called on to interview the patient and if you are in a rural area, you usually don't even have a nurse. So you are acting as an RN doing the nursing things, doing the vital signs and the things you would have a nurse do if you were fortunate enough to have a nurse. Then of course you interview your patients. You have to make diagnostic decisions. You have to decide if you are going to do a referral... treatment.

Filling the different positions also included the various specialty roles nurse practitioners employed in their own profession. One nurse practitioner viewed flexibility as the ability to move between different specialty areas of the advanced practice role. She remarked on the meaning of flexibility in the following excerpt:

...what I would take it [flexibility] to mean is what you think in any other context, that it is to perform variety of paths or jobs within your role as a nurse practitioner....so that in one setting you might do more women's health and in another setting you might do more internal medicine.

Adaptable to Change

The second category of responses, "adaptable to change," demonstrated the association between flexibility and change. Two participants in this study reported this connotation of flexibility. They perceived being flexible as the ability to adjust or adapt

to “whatever comes up,” whether meeting patients needs, filling different roles, or scheduling call.

Extent of Bendability Without Breaking

Two of the study participants identified “extent of bendability without breaking” as important to the meaning of flexibility. Although, there were no in-depth explanations to this category, NP #1 provided this description in accordance with the enactment of multiple roles. She stated, “how bendable can you go and be flexible in...bending without breaking.”

Versatile

The fourth category response, “versatile” demonstrated the variety of clinical skills, positions, and functions assumed by nurse practitioners. Two out of the six study participants cited this response as essential to the meaning of flexibility. NP #3 stated, “as an NP you really need to be able to do a variety of things.” NP#1 further clarified this definition with her description of being versatile as a “jack-of-all-trades.”

Final Categories

NP #1 identified the final three response categories as important aspects of the concept of flexibility. The response categories recognized include “creative thinking, “being willing to go with the flow” and “being willing to do something you haven’t done before.”

Table 2. Question 2.

Tell me a story about being flexible.

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Ability to function in and switch between a variety of roles	X	X	X	X	X	X	6
2. Some control over the environment	X	X	X		X		4
3. Allow enough time with scheduling	X	X	X				3
4. Different skills in different settings			X	X			2
5. Adapt to the type of patients	X	X	X				3
6. Ability to switch to a new focus			X			X	2
7. Lack of rigid protocols and structured roles	X				X		2
8. Manage the best we could.	X					X	2
9. Develop advanced skills and knowledge	X			X			2
10. You have to be experienced			X				1
11. Resilience	X						1

This question addressed the concept of flexibility through professional anecdotes. The descriptive narratives provided by the study participants illustrated several aspects of flexibility. Each one of the categories obtained through analysis of these stories presented in-depth explanations of the concept of flexibility.

Role Function and Role Transition

All six of the study participants reported, “the ability to function in and switch between a variety of roles” as key to role flexibility. They were comfortable with switching back and forth between general roles as well as specialty roles. Each of these participants provided distinctive descriptions within this category from describing it as a “cross job” by NP #4 to fully providing in detail the different functions nurse practitioners employed. NP#1 exemplified this theme in the following example:

A small town we don't have social workers, we don't have a public health nurse, we don't have the resources of [large town] or [larger town]...so I have to play so many hats to be flexible here, but I like that too...It's probably frustrating for some people, but I like it.

In the following example, NP #6 further provided detail on functioning in a variety of roles as well as describing herself as a flexible individual.

I probably am a flexible individual, but you have to be flexible here. I often need to get my own chart and do my own vitals...do my history and physical, my assessment...then if I need a referral, I'll sometimes need to do my own telephone calling. I also fill my own pharmacy meds, so I'm the pharmacist. Sometimes I do it all, which is very different from a populated area.

All six study participants recounted frequently functioning in both nursing and physician roles, often enacting both roles simultaneously. NP #5 clearly identified this concept as well as highlighted other roles nurse practitioners employed in relation to flexibility.

I see myself as flexible every day and in every situation. If the nurse isn't here, I take the patient in. I weigh them. I do their vital signs.... I do all of those things that traditionally in a clinic setting are done by a nurse. There are times when the nurse is off sick or on vacation and we aren't necessarily given another nurse. So in that time, I do again that basic nursing stuff, but I also have to draw the lab, spin it down, separate the serum, prepare it for packing...all of those things. While at the same time doing the more advanced practice role, which again would be listening carefully to whatever is going on with an individual, doing the physical exam, assessing what does this mean and what should I do.

Functioning in many roles required smooth transitions between the varying roles. NP#3 further communicated the importance of being able to function in many roles and the ability to shift to each of them when necessary. The illustration began with the need for a "role switch" in caring for a little girl diagnosed with leukemia. NP #3 stated:

... there's nothing I can do medically for that child. She's in the best hands there are as far as her treatment...but mom is out in Seattle, from a small town, and she was out of her birth control pills and she needed the child's social security number to fill out paper work. So I switched roles again, because we didn't have the social security number... we called all of the people the child had seen before to get the social security number ...and then got together samples of pills for mom... put

together a box of toys and sent them out to mom and to the child. So we sort of switch roles again as somebody that's a support person that she knows she can call and will try to do anything we can do as support... not particularly giving medical care but giving spiritual support for her.

Control Over the Environment

The second category, "some control over the environment," included such responses as being able to shut down the office, decide on how many clients were scheduled, as well as in what setting clients were seen. Four out of the six participants recounted having some control over their environment as an important aspect of flexibility. Each description given by the participants provided a different outlook on control of the environment. NP#1 described this connotation of flexibility in the following illustration as the ability to control one's business hours.

I had an elderly couple. I knew he needed psychiatric help so bad for years and years...he'd been managed here and nothing was really working. He was really going psychotic on this poor old wife. She always had excuses and would say... well I can't drive him up there. I finally got him to see the psychiatrist in [town]... I made the appointment and I said, I'm driving you. To be flexible I shut the office down and made sure... I drove them personally up to the psychiatrist and was a part of their appointment, because I knew the elderly man for the last 3 to 4 years...so it was really helpful. I love doing that as a part of flexibility.

NP #1, NP #2, and NP #3 accounted control over their environment with respect to being able to leave the clinic and make home visits. NP#2 expressed this aspect through her report of being able to switch settings in order to assess an ill client at home who would not come to the clinic. She stated:

Then I had one gentleman come in last week. He was elderly and he says: you know, my wife is so sick and I can't get her to come up here. Is there something you can recommend or give her? I said: I really need to check her before I would give her any medicine. Will she let me come to the house? He said: oh yeah. So I just went over and checked her out.

Another element to having control over the environment was dependent upon whether one worked at a hospital where everything was very structured or in an outlying clinic of the hospital. To express this association with the concept of flexibility, NP#5 reflected:

Now, I am in a setting where I have quite a bit of control over my environment. If I worked at the [main hospital], I would have less control of that environment. Here I can kind of decide what I can do and what I won't do...that kind of thing.

Allow Enough Time with Scheduling

The third response category, "allow enough time with scheduling," demonstrated the importance of providing essential time in the schedule to accommodate client needs. Adequate time allowed the practitioner flexibility to manage situations with each client as they arose. Particular client situations included education, implementing procedures, discussing treatment options, reviewing labs and/or consulting. NP #1 highlighted this perspective in the following excerpt:

I think I allow myself enough time with the way I schedule to be flexible with the amount of time needed to teach to make sure they [clients] totally understand what I need for them. Like diabetic education... and how I teach people to do B12 injections on themselves...so they don't have to come in every week to have me do it.

Another viewpoint shared within this response category was providing the client with holistic healthcare. NP # 3 expressed this perception on providing essential time in the following passage:

I think that is one reason why patients choose to come to nurse practitioners, because we do spend time. Once they're our patients until they move out of the area and they're not our patients anymore, we try to help them in other ways other than just giving them Amoxicillin.

Different Skills in Different Settings

Two out of six study participants mentioned being competent in various skills was required by different settings. The multiplicity of skills needed in various situations ultimately enhanced role flexibility. Comments included the necessity of being competent in various skills was dependent upon the current role and setting of the nurse practitioner.

NP#4 conveyed this point in the following excerpt:

I worked at the community health center...we rarely had emergencies or minor emergencies come in there, because people would go to the emergency room for that. Now working here in a more rural setting, I have had to develop skills that I didn't necessarily need in that previous job. So I need to be better at dealing with injuries and minor emergencies....so I have had to be flexible with advancing skills.

Adapt to the Type of Patients

The fifth categorized response is "adapt to the type of patients." Two study participants viewed flexibility in relation to adapting to individual patient needs. NP#1 defined this perception as "being malleable" and "able to adapt to the different patient situations." NP #2 further exemplified this point in the following passage:

I have to adapt to the type of patients I am seeing. You know, with some patients you're more in a nurse role type and then with some you're going to have to be in more of a medical model role...

Adapting to patient needs can be very simple or complex. NP #3 related this perception through the following example:

Especially in the winter, the elderly don't drive or they're afraid to go out if it's icy. Say if they're on coumadin and they need their blood drawn... I'll just stop over at their house and draw their blood... but if they're ill, I'll go over to the house. If they're real ill, I'll go over to their house and get the ambulance and stuff and get them to the hospital where they need to be.

Ability to Switch to a New Focus or Problem

Two out of the six participants deemed “the ability to switch to a new focus or problem” as an essential component to role flexibility. One participant reported the ability to switch focus and clue in to the key disease factors through a holistic assessment on every client was an important key element to flexibility. NP #3 stated:

You switch from a person who you are just going in to do an ear recheck ...to you're then looking at a patient who has a life threatening illness and getting them with the proper specialist.

NP #6 related a somewhat different narrative to exemplify this view. She perceived continually switching focus as the nature of nursing. Viewing it as the ability to immediately stop what one is doing and switch to a new focus or problem was something nurses have always done.

Here you can hardly do a chart. I get interrupted all of the time...but that's what nurses do all of the time...you get interrupted...but it's just a little more difficult when you are in charge of getting your charting done properly.

Limited Rigidity of Protocols and Structured Roles

Two study participants stated the seventh response category, “limited rigidity of posted protocols and structured roles,” as important to the fluidity inherent in flexibility.

NP#1 clearly illustrated this point in the following passage of modifying patient care and being able to follow it. She stated:

...and not have the rigidity of a posted protocol or process or that's not my job. I have been told that...no, that's not your job. You know refer it, refer it or don't go there, or just get them channeled in to the right place...but then you lose it, because you don't know what's happened to them or how it's happening.

Protocols and structured roles were often dependent upon the hierarchy of work settings. According to where one practices in a hierarchy, roles may be less defined affecting how one participant viewed flexibility. NP #5 related:

Maybe I don't even see it as flexible. Just because in this clinic, our roles are not that clearly defined and structured ...we're not as hierarchical here. It's being flexible in the hierarchy.

One participant considered limited rigidity of protocols and structured roles as a double-edged sword. NP# 5 illustrated this point as follows:

Sometimes I believe I am expected to go beyond the scope of what I am comfortable with, if I were to define my practice. For example, there are some things I just don't know enough about and so what I would prefer is to consult or send a patient to a specialist, or even an internal medicine [physician], and I don't have that option a lot of the time. But a lot of the time, I don't want that option. A lot of the time, I appreciate that independence and that opportunity to fully evaluate and review the literature and make decisions based on what I know...so it can be a double-edged sword.

Manage the Best We Could

The eighth category response, "manage the best we could," identified flexibility with the ability to trouble shoot problems, being innovative, and manage situations the best available way. Two study participants shared this perception. NP #1 clearly captured this theme with the following excerpt:

It was an elderly woman, maybe bleeding a little bit, with a horrible hip fracture. We couldn't even do ground transport because the highways were closed. We had to keep her overnight and manage her the best we could. I had to devise traction for this woman. I had to go up into the attic of this little old hospital and pull out old Doc. [name] equipment. I was like...we have to get one of his old nurses in here. It was like calling one of these 70-year-old LPNs who had worked with Doc [name] a whole lot. I showed her the x-ray...we rigged up this great girdle with things on the bed and we shipped her when the roads were clear the next day and she did fine. It was so much fun to trouble shoot this one.

To add to this aspect of managing situations the best available way, NP # 6 affirmed, “you make do all of the time.”

Develop Advanced Skills and Knowledge

Two of the participants in the study identified the importance of advancing skills and knowledge with how flexible they were with providing required care to meet clients needs in certain situations. Rural nurse practitioners have fundamental knowledge in a variety of practice areas. However, certain client situations required advanced knowledge and skills. As healthcare access as well as client needs changed, nurse practitioners were required to continually advance their knowledge and skills. NP#1 further clarified this response in the following narrative:

One of the things, I think, that I do need to go back to school for is my psychiatric certification. So I could follow it even further in this small town...so I can be a psychiatric nurse practitioner and then not only can I diagnose and prescribe, but maybe can counsel and do some therapy without having to send them [clients]...120 miles for their counseling which is an access barrier. I've been trying to get counselors to want to come down here once a week and it's not been successful. That's when I'm thinking- okay if I can't get someone else to help me out, I'll be flexible and I'll go get trained... what's the need here and how can I fill it.

Experience

One participant perceived “experience” as essential to being flexible in providing appropriate and safe care. NP #3 shared her viewpoint that not all nurse practitioners (NP's) are alike according to skills and experience. She reported:

....employers figure out that you are a Nurse Practitioner and they think that all NP's have the same skills and that's really not true at all. I mean...in order to open up your own practice in a rural setting, you have to have a pretty wide

background and to even know you're over your head and that you need to call a specialist, you have to have experience.

Resilience

Resilience was identified as an important defining characteristic of flexibility. NP #1 highlighted the importance of resilience with a short excerpt on finding away around a problem. NP #1 stated, "resilience...so instead of being overwhelmed by this problem with how am I going to do it... saying okay, what's the alternative and being able to go with it."

Table 3. Question 3.

Tell me about all of the roles you perform.

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Nurse	X	X	X	X	X	X	6
2. Advanced Practitioner	X	X	X	X	X	X	6
3. Educator to clients	X	X	X	X	X	X	6
4. Educator to other healthcare professionals	X	X	X	X	X	X	6
5. Scholar	X	X	X	X	X	X	6
6. Client liaison with consulting	X	X	X	X	X	X	6
7. Referral	X	X	X	X	X	X	6
8. Collaborative educator to community	X		X	X	X	X	5
9. Patient consultant	X	X	X	X	X		5
10. Community Resource	X		X	X	X	X	5
11. Management	X		X	X	X		4
12. Phlebotomist	X		X		X		3
13. Billing	X		X			X	3
14. I do it all (There are no middle people)	X		X			X	3
15. Business owner	X		X				2
16. Housekeeper	X				X		2
17. Bookkeeper	X						1
18. Mechanic					X		1
19. Respiratory Therapy					X		1
20. Clerk					X		1

The third question investigated the variety of roles nurse practitioners perform. The responses to this question demonstrated consistency as well as the multiplicity of roles these study participants employed. The study participants listed a total of twenty roles.

Unanimous Roles

All six of the study participants consistently stated seven roles. Functioning as a nurse was the most cited role by these rural nurse practitioners. Basic nursing roles included bringing the client back to the examining room, obtaining weight and vital signs, administering injections and placing intravenous access for infusions.

The second role listed was the advanced practice nurse role. All of these participants were family nurse practitioners. As an advanced practitioner, study participants reported functioning in a "more medical model." The advanced practitioner role consisted of implementing assessment, interpretation of labs, diagnosis, plan and treatment.

Also fundamental to the study participants' roles were educator to clients and other health care professionals as well as being scholars themselves. All participants stated the importance of patient education. NP#3 described the extent of patient education in the following excerpt:

I see now that I've been here for a few years and I'm not so worried about Amoxicillin doses, that I'm trying to develop patient teaching guides or things that I can give the patient to take with them... that they can refer back to. Not this big volume of things, but several things on a piece of paper that they can look back at...like, if your child is nauseated, try this...

Precepting other health care professionals as well as being a part of a group that brings educational opportunities to the local nurse practitioner group were examples provided describing the category of educator to other health care professionals. Additionally, these participants related the important role of being a scholar in the dynamic health care environment. NP#2 commented, "I guess that I'm in that learning mode so much. If I'm not busy seeing patients, I'm sitting here reading...studying as much as I can."

All six-study participants reported acting as client liaisons with consulting and referring in some way. NP#4 provided an example in the following excerpt:

There is also the role of consulting and referring. There is returning phone calls where people have questions about their medications or questions about... do I need to be seen about this or things along that line. People call and say my child was bitten by a dog. What do I need to do? So there is the actual seeing patients as well as sort of being a consultant for patients...and then there is steering people in the right direction in terms of referral.

In addition, participants mentioned the realm of professional consulting and referral as important roles. All participants collaborated with other health care professionals to best meet the clients needs.

Five Concurrent Responses

Five out of the six study participants concurrently identified three out of the twenty roles. These roles included being a community resource, collaborative educator to the community, and a patient consultant. To highlight these roles NP#1 illustrated:

I teach classes up at the school. It's always every hunting season...when I do the cardiovascular class...we dissect all the elk carcasses I get from all the hunters in town. I bring my EKG and my pulse ox and we just have a real lab session on cardiovascular.

In terms of community resource NP#4 stated:

There are times probably, like at basketball games or something where you might get called upon to respond to something if there is a problem that comes up... Sometimes the emergency medical system, the ambulance drivers, have inservices and we have been asked periodically to speak at those.

Four Concurrent Responses

Four study participants identified management as a role they often employed.

Two of the participants owned their business and fully managed every minor and major detail of their practice. The two nonbusiness owners who responded to this question employed differing management roles. NP #5 described this role in the following excerpt:

Administration...because I am the superior person in this office setting, I would be considered the boss I guess... a role in which I am not particularly happy with... and so I'm responsible for just seeing that everybody does the job they're supposed to do and that their time is correctly entered. Other administrative details... like whose going to clean the clinic...fixing air conditioners...and other administrative duties.

Three Concurrent Responses

Three out of the six participants stated, "I do it all" and "there are no middle people between my patients and me." These practitioners were the sole primary care providers in their settings.

Other roles agreed upon by at least three differing participants included acting as a phlebotomist drawing blood, spinning it down and sending it off to appropriate laboratories for analysis. The roles of billing procedures, whether filling out ICD-9 codes or actually billing patients, were responsibilities that these participants assumed.

